## PATENT APPLIATION FEE DETERMINATION RECOR

Application or Docket Number

10/531433

| ļ  |  | CLAIMS                                       | •                                      | SMALL ENTITY             |             |                               | OTHER    |                     |                        |    |                     |                        |
|--|--|--|--|--------------------------|-------------|-------------------------------|----------|---------------------|------------------------|----|---------------------|------------------------|
| <u> </u>   |  |  | (Column 1)                             |                          |             | (Column 2)                    |          | TYPE                |                        | OR | OTHER<br>SMALL      |                        |
| U.S. NATIONAL STAGE FEES                                     |  |  |  |                          |             |                               |          | RATE                | FEE                    | 1  | RATE                | FEE                    |
| BASIC FEE  |  |  | SMALL ENT.                             | = \$ 150                 | LARC        | GE ENT. = \$ 300              | 1        | BASIC FEE           |                        | OR | BASIC FEE           | 200                    |
| EXAMINATION FEE  |  |  | Satisfies PCT A<br>(4) = \$50          | /\$ 100                  |             | her situations = 100 / \$ 200 | 1        | EXAM. FEE           |                        | 1  | EXAM. FEE           | 200                    |
| SEARCH FEE   |  |  | U.S. is ISA = \$ ALL other cou         | intries =                |             | her situations = 250 / \$ 500 | 1        | SEARCH FEE          |                        | İ  | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.                                     |  |  | minu                                   | ıs 100 =                 |             | / 50 =                        | 1        | X \$ 125 =          |                        | 1  | X \$ 250 =          | <del> </del>           |
| TOTAL CHARGEABLE CLAIMS                                      |  |  | 17 mir                                 | nus 20 =                 | *           |                               | 1        | X \$ 25 =           |                        | OR | X \$ 50 =           | <del> </del>           |
| IND  | EPENDENT CL                                    | AIMS   | / m                                    | inus 3 =                 | *           |                               | 1        | X \$ 100 =          | <del></del>            | OR | X \$ 200 =          |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PR                                | ESENT                                  |                          |             |                               |          | + \$ 180 =          |                        | OR | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter     |  |  |  |                          | " in co     | lumn 2                        | <b>.</b> | TOTAL               |                        | OR | TOTAL               | 400                    |
|  |  |  |  |                          |             |                               |          |                     |                        |    |                     |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2) |  |  |  |                          |             | (Cal 0)                       |          | SMALL E             | NTITY                  | OR | OTHER               |                        |
| AMENDMENT A  |  | CLAIMS                                       | 1                                      | HIGH                     |             | (Column 3)                    | 1 1      | O.II.ALL L          | ·                      |    | SMALL E             | YIIIN                  |
|  |  | REMAINING<br>AFTER<br>AMENDMENT              |  | PREVIO<br>PAID I         | USLY        | PRESENT<br>EXTRA              |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *  | Minus                                  | **                       |             | =                             |          | X \$ 25 =           |                        | OR | X \$ 50 =           |                        |
|  | Independent                                    | *  | Minus                                  | ***                      |             | =                             |          | X \$ 100 =          |                        | OR | X \$ 200 =          |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |  |  |  |                          |             |                               |          | + \$ 180 =          |                        | OR | + \$ 360 =          |                        |
|  |  |  |  |                          |             |                               |          | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE |                        |
|  |  | (0-1 4)                                      | •                                      |                          |             |                               |          |                     | -                      | •  | ,                   |                        |
|  | 1 ·· · · · · · · · · · · · · · · · · ·         | (Column 1)<br>CLAIMS                         |  | (Colum                   |             | (Column 3)                    |          |                     |                        |    |                     |                        |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT              |  | NUMB<br>PREVIO<br>PAID F | BER<br>USLY | PRESENT<br>EXTRA              |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *  | Minus                                  | **                       |             | =                             |          | X \$ 25 =           |                        | OR | X \$ 50 =           |                        |
|  | Independent                                    | *  | Minus                                  | ***                      |             | =                             |          | X \$ 100 =          |                        | OR | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |                          |             |                               |          | + \$ 180 =          |                        | OR | + \$ 360 =          |                        |
|  |  |  | TOTAL ADDIT.<br>FEE                    |                          | OR          | TOTAL ADDIT.                  |          |                     |                        |    |                     |                        |
| FEE FEE  |  |  |  |                          |             |                               |          |                     |                        |    |                     |                        |
|  |  |  |  |                          |             |                               |          |                     |                        |    |                     | j                      |
| *  | If the entry in colu                           | ımn 1 is less than the                       | entry in column 2                      | , write "0" in           | column      | 3.                            |          |                     |                        |    |                     |                        |
| ***  | If the "Highest Nu<br>"If the "Highest Nu      | ımber Previously Pai<br>ımber Previously Pai | d For" IN THIS SP<br>d For" IN THIS SP | ACE is less              | than '20    | ', enter "20".                |          | •                   |                        |    |                     |                        |
|  | The "Highest Nun                               | nber Previously Paid                         | For (Total or Inde                     | ependent) is             | the high    | nest number found i           | in the   | e appropriate box   | in column 1.           |    |                     | ĺ                      |
|  |  |  |  |                          |             |                               |          |                     |                        |    |                     |                        |